



Request for Reimbursement- Non-Travel Reimbursements (Original Itemized Receipt Required)

Employee Name:

Employee
Address*:

Description of item(s) purchased:

Item	Vendor	Amount	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Reimbursement Requested \$:

Purpose and Benefit of this purchase to the University (Be Specific):

Cost center to Charge:

Requestor Signature

Date

*Business Office: Verify vendor ID with address in PS. Review cost center for approved expenses, and use the correct cost center on the voucher. Attach to voucher and obtain approvals (Academic Supervisor for faculty). Reimbursement request should comply with MAPP 04.01.03